DOCUMENT RESUME

ED 297 197 CG 020 970

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TITLE A Comparison of Male and Female Addicts and Non-Addicts on the Tennessee Self Concept Scale.
PUB DATE Jan 88
NOTE 25p.
AVAILABLE FROM Research Unlimited, P.O. 346023, Chicago, IL, 60634-0023 (cost of duplicating).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Alcoholism; *Behavior Disorders; College Students; *Drug Addiction; Higher Education; *Self Concept; Self Concept Measures; Sex Differences
IDENTIFIERS *Obsessive Compulsive Behavior; *Tennessee Self Concept Scale

ABSTRACT

Many mental health professionals ignore chemical addiction, whereas many chemical dependency professionals see addiction as the entire problem and ignore everything else. This study investigated differences between addicts and non-addicts on the Tennessee Self Concept Scale. Subjects were undergraduate and graduate students, selected from a self-report questionnaire as male addicts (N=15), male non-addicts (N=15), female addicts (N=20), and female non-addicts (N=20). Addiction for the purposes of this study was broadly defined as any process over which the individual is powerless, whether the drug of choice is work, cocaine, or worry. Male addicts had the lowest mean scores followed by the male non-addicts on the behavior and identity scales of the Tennessee Self Concept Scale. Female addicts had the third lowest, with female non-addicts ranking highest on mean scores. The self-satisfaction scale deviated from the trend in that the lowest mean scores belonged to female addicts, the second lowest to male addicts, the third to the male non-addicts, and the highest to female non-addicts. The findings suggest that non-addicted individuals score higher on the Tennessee Self Concept Scale than do their same-sex counterparts, and overall females have a higher self-concept score than do males when tested on the Tennessee Self Concept Scale. (ABL)

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ED297197

A COMPARISON OF MALE AND FEMALE ADDICTS AND NON-ADDICTS ON THE TENNESSEE SELF CONCEPT SCALE

CG 020970

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By

Joyce M. Jarka

A RESEARCH PROJECT SUBMITTED TO DR. FRANCIS X. VOGEL; NORTHEASTERN ILLINOIS UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE RESEARCH SEMINAR IN GUIDANCE AND COUNSELING

JANUARY, 1988

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CHAPTER I. INTRODUCTION

Controversy surrounds the topic of addiction. Many mental health professionals ignore it completely , whereas many professionals from chemical dependency see addiction as the entire problem and miss everything else. Many hospitals have found addiction to be a gold mine , glamorizing and making each addiction a separate "special" problem. Weiss Hospital (Chicago) specializes in the treatment of cocaine addiction. Cuneo Hospital (Chicago) restricts its' treatment to the female addict. Martha Washington Hospital hires solely recovering individuals to serve as therapists and boasts "we understand" in their television advertisements. Several hospitals are geared to the "professional" person. Yet all cost a minimum of $10,000 for an average of 21 days of treatment. And the consumer is taught that a separate program is needed for each addiction.

The work of Anne Wilson Schaef is in direct support of this research project in that addiction is a disease process which Western society holds in high regard. This study is designed to evaluate if there are significant differences between addicts and non-addicts on the Tennessee Self Concept Scale (Fitts). The results will also be evaluated using the independent variable of sex.

Previously, addictions were viewed as separate entities whereas, this study views addiction as addiction. Whether your "drug" of choice is relationships, food or heroin, in this study it's termed addiction.

As will be demonstrated in Chapter II, previous research has touched upon aspects of this study yet no effort has been made to research addiction in this manner.

The premise underlying this research effort is that of the addictive process as defined by Anne Wilson Schaef in "Co-Dependency: Misunderstood - Mistreated".

> The addictive process is an unhealthy and abnormal disease process, whose assumptions, beliefs, behaviors, and lack of spirituality lead to a process of nonliving that is progressively death-oriented. The basic disease, from which springs the subdiseases of co-dependency and alcoholism- among others- is tacitly and openly supported by the society in which we live. (page 21)

CHAPTER II. REVIEW OF RELATED RESEARCH

In the United States the functioning addict is a highly placed member of society. For example, the ambitious college student who continually burns the candle at both ends for the sake of success is viewed by society as " ambitious and motivated" not as a compulsive individual who is actually self destructive.

Schaef in "Co-Dependency:Misunderstood-Mistreated" goes on to describe the characteristics of the addictive process as: dishonesty (denial, projection, delusion), not dealing with feelings in a healthy manner, control, confusion, thinking disorders, perfectionism, external referencing, dependency issues, fear, rigidity, judgementalism, depression, inferiority/ grandiosity, self centeredness, loss of personal morality, stasis and negativism.

In "When Society Becomes and Addict" Schaef describes three systems she sees operating in society. The first system is the white male system and is named such because the power and influence in the society are held by white males. This system, basically runs the society. The white male system is supported by four myths: 1) the white male system is the only thing that exists, 2) the white male system is innately superior, 3) the white male system knows and understands everything, and 4) it is possible to be totally logical, rational and objective.

The second system is the female counterpart to the white male system and is called the reactive female system. The

reactive female system is an externally defined, stereotypic system which tells women what they should think, feel and do.

The white male system and the female reactive system are actually two aspects of the same system, they aren't separate entities. These two systems are what makes up the addictive system.

The third system is proliving and refered to as the living process system. It is made up of the emerging female system.

Throughout her three books, Schaef explores the primary compulsions in the addictive system as the habituations to powerlessness and nonliving and goes on to say that all secondary addictions (alcoholism, drug addictions, over eating, anorexia, smoking, etc.) lead to these two primary compulsions. She goes on to state that the addicted person generally has multiple addictions (page 13, When Society Becomes an Addict). A theory which is tapped by this research project.

In "When Society Becomes an Addict" Schaef defines addiction as any process over which we are powerless and divides addictions into two categories: substance addictions and process addictions. Substance addictions include alcohol, drugs, food, nicotine and caffeine. Process addictions include money, gambling, sex, work, religion, and worry.

In summary, Anne Wilson Schaef has provided a thought provoking perspective based on her experience. However, solid research to back up this valuable perspective is lacking.

Upon reviewing the available research, several articles were

found dealing with sex differences in addiction and two articles discussed the relationship between various addictions.

Sundgren, Yates, Peterson, Piazza and Yeager (1986) found Jellinek's progression to be a general description of the development of alcoholism. The data collected in that study appeared to lend support to the conceptualization of alcoholism as a progressive disorder. Additionally, they found this conceptualization to apply just as well to women. However, there were significant differences in the degree of symptom variability. Thereby, these results confirm the premise of this research effort in that sex differences do exist, however, are of less consequence than differences between individuals that are addicted and their non-addicted counterparts.

Shelley (1986) researched sex roles in addiction by administering the Bem Sex Role Inventory to 96 inpatient addicted individuals. Overall, he found the independent variables of age, income, marital status, severity of addiction, length of inpatient treatment, level of education, and parental marital status not to significantly affect the results. He found addicted individuals to have low self esteem and to be poorly adjusted. He also found males to have more severe sex role disturbances than females and to be overall more damaged than the females. Shelley closed by suggesting that further research be conducted to confirm his resluts and to examine other populations and to explore the affects of addictions on self esteem, adjustment, and sex roles and their interrelationships. This research project is

an attempt to fill a part of Shelleys request for further work in this area.

Victoria Jackson Binion (1982) found important gender differences in retrospective perceptions of family history and socialization in her study " sex differences in socialization and family dynamics of female and male heroin users ". For the women, drug usage was more often related to unresolved family problems. The majority of the women's problems were interpersonal and feeling -orientated. Women were also found more likely to exhibit sexual acting out behaviors possibly indicating lower self esteem than their male counterparts.

Three studies examining sex differences in addiction had more of a focus on the effect of sex roles and the way women are viewed. Ruth Cooperstock (1978) studied sex differences in psychotropic drug usage and found that women are prescribed proportionately more drugs and at a greater frequency than are men. This could be due to women's tendency to report more feelings of discomfort and more symptoms than do men. They also engage in more active interventions to alleiviate symptoms. As related to Cooperstocks' finding regarding amount and frequency of prescribtions for women, is Carole Shor's (1982) study of attitudes of drug abuse treatment counselors attitudes towards male and female clients. As in Cooperstock's study, females are generally viewed as possessing more symptoms and overall, are seen as more deviant. After all, in this society, drug use and abuse including alcohol, continues to be viewed as more socially

acceptable for males.

Cooperstock (1978) also found that stresses arising from conflicting social roles are creating the problems of women leading to higher morbidity and consequent psychotropic drug use. She also stated that the empirical evidence to date suggests that contemporary women filling numerous roles have somewhat lower morbidity, take fewer sick days, take fewer tranquilizers and sleeping medications than women filling the "traditional" role of housewife(p.182).

Cooperstock's results relate to the work of Paula B. Johnson (1982) who found that employed women who are married show significantly higher rates of alcohol consumption than do single employed women or married women not employed outside the home. In contrast to Cooperstock, Johnson interpreted her findings to indicate that women in nontraditional roles experience more stress than do their "well supported" hosewife counterparts, primarily due to possible role conflicts between marital and employment demands and to lack of external supports for women in those roles.

Somewhat related is the study of body image and sex role stereotype as features of addiction in women conducted by Weathers and Billingsley (1982). Their hypothesis that addicted women have a more negative body image and a more conservative view of the female role than non-addicted women was supported. This could be seen as related to Binions' (1982) finding regarding addicted women's tendency to engage in more sexual

acting out in that their self esteem is low and they feel they are worthless on many socially acceptable levels. Thus, they strive to acheive approval by any means available, which unfortunately feeds the feelings of guilt ,inferiority, and inadequacy.This propetuates the cycle of addiction. This is supported by Weathers and Billingsley's finding that addicted women are more likely to use external means to facilitate their feeling powerful whereas nonaddicted women are more likely to use fantasy to acheive feeling of power. This is related in its' implications for expression of sexuality.

Another study examining sex differences looked at rates of smoking cessasion. Jarvis (1984) found men have given up cigarettes at a greater rate than women , but are also more likely to switch to smoking cigars. When this is taken into account there are no significant differences in smoking cessasion below the age of 50.

Three articles were found linking alcoholism to other addictions. Edward Kaufman (1982) concluded that alcoholics tend to have multiple addictions in his study of the relationship of alcohol abuse to the abuse of other drugs.

Jones, Cheshire and Moorhouse (1985) found a strong correlation between eating disorders and alcoholism in their study " Anorexia nervosa, bulimia and alcoholism - association of eating disorders and alcohol". And Killen, Taylor, Telch, Saylor, Maron, and Robinson (1987) also found a correlation between alcohol consumption and purging behaviors in adolescents.

However, no previous study has attempted to view addiction in Schaef's way. Nor has any previous research effort examined addiction as related to the independent variables of sex, race and socioeconomic status.

In summary, there is very little concrete research data in the area of addictions. The studies included in this chapter are related to the study in varying degrees. Research is desperately needed in this area.

CHAPTER III. PROCEDURES

The Tennessee Self Concept Scale and a questionnaire were administered to University students. the questionnaire was designed to determine if an individual is to be classified as an addict or non-addict and gather information on the subjects sex, race, socioeconomic status. The Tennessee Self Concept Scale and the questionnaire were administered to an introductory graduate level class in the Counselor Education Department, a graduate level testing class also in the Counselor Education department, an introductory mental health class in the psychology undergraduate department and a group of undergraduate males from a fraternity. According to the Mental Measurements Yearbook by Buros (1983) the Tennessee Self Concept Scale is a valid indicator of self concept. All subjects were subjects at Northeastern Illinois University in Chicago. An actual copy of the questionnaire used can be found in Appendix A of this report.

Upon the completion of testing, the Tennessee Self Concept Scales were scored and the subjects were sorted according to their responses on the questionnaires. Individuals circling a score of three or higher on the addiction section of the questionnaire were classified for the purposes of this study as addicted. All other subjects were classified as non-addicted.

Next, subjects were compared on the basis of sex in addition to the initial breakdown of addict and non-addict. Since there were proportionately more females in all categories, thus making

the number of individuals in each treatment cell disproportionate,stratified sampling was employed to determine which subjects would be used.

Finally, the statistical procedure, analysis of variance was applied to the scores in each treatment group comparing the addicts and the non-addicts on the basis of the total self concept score, the self satisfaction score, the behavior score and the identity score.

In summary, the four treatment cells used for the ANOVAs were fifteen addicted males, fifteen non-addicted males, twenty addicted females and twenty non-addicted females. Stratified sampling was implemented to ensure balance among the cells. And four scores from the Tennessee Self Concept Scale were evaluated: the total self concept score, the self satisfaction score, the behavior score and the identity score.

The statistic, analysis of variance (ANOVA) was employed because the ANOVA is used to compare the means of two or more samples and to test the null hypothesis that no significant differences exist between the means obtained from these samples. Thus the umbrella null hypothesis of this research is that no difference exists between addicts and non-addicts on their scores on the Tennessee Self Concept Scale. The ANOVAs purpose in this study is to statistically determine if significant differences do exist between addicts and non-addicts and males and females on their scores on the Tennessee Self Concept Scale.

CHAPTER IV. PRESENTATION AND ANALYSIS OF RESULTS

The purpose of this research project was to examine the relationship(s) between scores on the Tennessee Self Concept Scale in four areas and how individuals grouped as either addicts or non-addicts would perform. It was hypothesized that non-addicted individuals would score higher than addicted persons. Seventy subjects were included in the study.

The first set of scores from the Tennessee Self Concept Scale to be discussed are the identity scores. These are the "what I am" items. These scores represent what the individual is as he sees himself. Upon refering to the ANOVA table (4.1), the null hypothesis can be rejected at the .05 significance level. This indicates that significant differences exist between the male addicts, male non-addicts, female addicts, and female non-addicts on the identity scale scores.

TABLE 4.1 SUMMARY OF ANALYSIS OF VARIANCE OF THE IDENTITY SCALE

SOURCE OF VARIANCE	S.S	DF	M.S.	F
BETWEEN GROUPS	1897.086	3	632.3619	4.02
WITHIN GROUPS	10372	66	157.1515	
TOTAL	12269.09	69		

The second set of scores from the Tennessee Self Concept Scale to be discussed are the self satisfaction scores which describe how the individual feels about the self he perceives. This measures the subjects' level of self acceptance. The results

of the ANOVA on the self satisfaction scores indicate no significant difference between the four groups as indicated in table 4.2.

TABLE 4.2 SUMMARY OF ANALYSIS OF VARIANCE OF THE SELF SATISFACTION SCALE

SOURCE OF VARIANCE	S.S.	DF	M.S.	F
BETWEEN GROUPS	1028.036	3	342.6786	1.74
WITHIN GROUPS	12972.95	66	196.5598	
TOTAL	14000.99	69		

The third set of scores to be examined are the behavior scores. The behavior scale measures the subjects' perception of his or her own mode of functioning. These are the "how I act", "what I do" scores. As indicated in ANOVA table 4.3, the null hypothesis can be rejected because the differences in the scores for the four groups are significant at the .05 level.

TABLE 4.3 SUMMARY OF ANALYSIS OF VARIANCE OF BEHAVIOR SCALE

SOURCE OF VARIATION	S.S	DF	M.S.	F
BETWEEN GROUPS	2006.069	3	668.6897	3.74
WITHIN GROUPS	11815.02	66	179.0154	
TOTAL	13821.09	69		

The final set of scores analyzed from the Tennessee Self Concept Scale are the total self concept scores or the total p

scores. This score reflects the overall level of self esteem. The ANOVA revealed no significant differences between the four groups on this measure as indicated in table 4.4.

TABLE 4.4 SUMMARY OF ANALYSIS OF VARIANCE FOR TOTAL SELF CONCEPT

SOURCE OF VARIANCE	S.S	DF	M.S.	F
BETWEEN GROUPS	9938.154	3	3312.718	3.11
WITHIN GROUPS	70395.62	66	1066.6	
TOTAL	80333.77	69		

In summary, the implementation of the statistical procedure, analysis of variance (ANOVA), showed significance at the .05 level on the scores in the behavior scale and in the identity scale and demonstrated no significant differences for the total self concept scale and the self satisfaction scale.

4.5 TABLE OF MEANS

	MEAN	MA	MN	FA	FN
TOTAL S.C.	328.9375	313.133	329.0667	327	346.55
IDENTITY	119.6	110.4	121.6	121.9	124.5
SELF-SAT.	102.8375	100.6	102.6	99.349	108.8
BEHAVIOR	107.1625	102.133	104.8667	105.75	115.9

MA = MALE ADDICTS MN= MALE NON-ADDICTS S.C=SELF CONCEPT

FA= FEMALE ADDICTS FN= FEMALE NON-ADDICTS SAT.= SATISFACTION

In reviewing the table of means (4.5), a common trend appears in three out of the four scales. In the total self concept scale, the identity scale and the behavior scale, male addicts had the lowest mean score followed by the male non-addicts with the second lowest score. The female addicts ranked third, with their scores being a tad above those of the male non-addicts. And on all of the scales the female non-addicts held the highest mean scores.

The self satisfaction scale deviated from the trend in that the lowest mean scores belonged to the female addicts, the second lowest to the male addicts, the third to the male non-addicts and the highest to the female non-addicts.

In interpreting the findings it is feasible to apply the ideas presented by Anne Wilson Schaef in her three books. The males possess the lower levels of self esteem possibly because they are representative of that overachieving, self destructive, addictive system. Consequently, the male non-addicts and female addicts mean scores are close to the same since these females are more representative of the female reactive system and the males are more representative of the white male system.

The lower self esteem scores for the males overall may also be explained by Shelley's(1986) finding that males tend to be more damaged than females and that addicted individuals tend to have low self esteem and be poorly adjusted. In joining Schaef and Shelley it may be infered that men, in general, tend to be more representative of what Schaef terms the addictive system,

thus, according to Shelley, these "addicted" individuals tend to be poorly adjusted and have low self esteem.

On the self satisfaction scale the female addicts had the lowest mean score. This finding could be related to Cooperstock's (1978) finding that women more often report symptoms and problems and take active steps to alleviate them. The infered relationship exists due to the self acceptance as measured by the self satisfaction scale. If an individual is quick to own his or her own deficits it would make sense that they also score lower in this area.

In summary, the scores from the behavior scale and the identity scale were found to be significant at the .05 level. The men scored consistently on the low end of the self concept scale with the women consistently held the higher self concept scores.

CHAPTER V. SUMMARY AND IMPLICATIONS

This research project set out to examine the relationship between self concept and addiction. Addiction, for the purposes of this paper, is any process over which we are powerless. Whether the subjects "drug" of choice is work, cocaine or worry they are classified as addicted. The framework for viewing addictions in these broad terms comes from the work of Anne Wilson Schaef, who views our society as addicted.

One hundred and twelve subjects from Northeastern Illinois University were administered the Tennessee Self Concept Scale and a questionaire. The questionaire was designed to sort and classify the data according to sex, race, socioeconomic staus, and addicted or non-addicted. Since the breakdown of groups was disproportionate, stratified sampling procedures were employed to select four groups. The four final groups used were fifteen male addicts, twenty female addicts, fifteen male non-addicts, and twenty female non-addicts.

After scoring the Tennessee Self Concept Scales and sorting the subjects, ANOVAs were run on the computer to test for significant differences. The scores from the behavior scale and from the identity scale yeilded significant differences between the four groups at the .05 level.

Upon reviewing the table of means, it was found that on three out of the four scales, the male addicts held the position of lowest self esteem followed by the male non-addicts. Then, the third lowest was the female addicts and the highest was the

female non-addicts.

On the self satisfaction scale the female addicts had the lowest mean self concept scores. This could be seen as related to Cooperstock's (1978) finding that women are more likely to report symptoms and to take active steps to alleviate them. Thus, women would tend to be less self accepting since they acknowlege room for more self improvement.

In relating the results of this study to the initial hypothesis, it can be concluded that non-addicted individuals score higher overall on the Tennessee Self Concept Scale than do their same sex counterparts. It can also be concluded that overall, females have a higher self concept score than the males when tested on the Tennessee Self Concept Scale.

Unfortunately, due to the sample sameness it was not possible to examine the scores acccording to socioeconomic status, race and age. Fortunately, it seems some support can be given to Schaef's theory from this research project in that what she terms as the addictive system scored lowest on this measure on self concept. And the group Schaef calls the living process system most closely resembles the group scoring high on self concept in this study.

Regarding future implications as prompted by this study, a great deal of work needs to be done in the area of addictions as a whole. Hopefully, future research attempts will re-examine what's been studies here and move on to more comprehensive designs.

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APPENDIX A

This brief questionairre will be used to sort and classify the data obtained in the proceeding sheet. Thanks so very much for helping with this research effort. All information is confidential and copies of the completed study can be available to you at your request.

1) Age :_____
2) Sex: male female
3) Socioeconomic Level: lower middle upper
4) Employment Status: Employed Unemployed
5) Race: black white hispanic oriental

Have you had problems with:

1=completely false 2=mostly false 3=part false part true 4=mostly true 5=completely true

6) gambling	1	2	3	4	5
7) drugs	1	2	3	4	5
8) cigarettes	1	2	3	4	5
9) food	1	2	3	4	5
10) sex/relationships	1	2	3	4	5
11) cocaine	1	2	3	4	5
12) money	1	2	3	4	5
13) alcohol	1	2	3	4	5

Are you:

14) an addict	y	n
15) an alcoholic	y	n
16) anorexic/bulimic	y	n
17) overeater	y	n
18) compulsive gambler	y	n
19) ACOA	y	n

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20) Do you belong to any 12 step fellowships? y n
If yes, which ones? _____

21) If you are recovering, how long have you been sober? _____